

## Section 108 Accomplishments Report

| PROJECT DESCRIPTION  |    |                 |  | CDBG \$         |              |            |                |                          | ELIGIBLE ACTIVITY                     | NATIONAL OBJECTIVE   |  | JOBS                           |                               |  |   |   | HOUSING                      |   |   | LMA                              | LMC                     | SBA                     | SBS                     |
|--|----|-----------------|--|-----------------|--------------|------------|----------------|--------------------------|---------------------------------------|----------------------|--|--------------------------------|-------------------------------|--|---|---|------------------------------|---|---|----------------------------------|-------------------------|-------------------------|-------------------------|
| Grantee Name   | ST | Project Number  | Project Name                                     | 108 Loan Amount | EDI AMT      | BEDI AMT   | Other CDBG \$s | Total CDBG \$ Assistance | HUD Matrix Code for Eligible Activity | HUD N.O. Matrix Code | Indicate if N.O. Has Been Met Y=Yes N=No | FTE Jobs Proposed in 108 Appl. | Total Actual FTE Jobs Created | Number Held by/ Made Available to Low/ Mod | Percent Held by/ Made Available to Low/ Mod | Presumed Low/ Mod Benefit (P) or Rev. Strategy Area (RSA) | Total Housing Units Assisted | Number of Units Occupied by Low/ Mod Households | Percent of Units Occupied by Low/Mod Households | Percent Low/ Mod in Service Area | Limited Clientele Y=Yes | Slum/ Blight Area Y=Yes | Slum/ Blight Spot Y=Yes |
|  |    |                 |  |                 |              |            |                |                          |                                       |                      |  |                                |                               |  |   |   |                              |   |   |                                  |                         |                         |                         |
|  |    |                 |  |                 |              |            |                |                          |                                       |                      |  |                                |                               |  |   |   |                              |   |   |                                  |                         |                         |                         |
| Good Hope Marketplace Limited Partnership Earth Conservation Corps | DC | B-94-MC-11-0001 | Good Hope Marketplace Acquisition Loan Guarantee | \$11,500,000    | \$ 1,000,000 |            |                | \$ 12,500,000            | 18A                                   | LMJ                  | Y  | 185                            | 175                           | 148  | 85%   |   |                              |   |   |                                  |                         |                         |                         |
|  | DC | B-98-MC-11-0001 | PEPCO Pumphouse                                  | \$ 300,000      |              | \$ 300,000 |                | \$ 600,000               | 17C                                   | LMA                  | Y  | 30                             | 18                            | 15   | 83%   |   |                              |   |   | 80%                              |                         |                         |                         |
|  |    |                 |  |                 |              |            |                |                          |                                       |                      |  |                                |                               |  |   |   |                              |   |   |                                  |                         |                         |                         |
|  |    |                 |  |                 |              |            |                |                          |                                       |                      |  |                                |                               |  |   |   |                              |   |   |                                  |                         |                         |                         |
|  |    |                 |  |                 |              |            |                |                          |                                       |                      |  |                                |                               |  |   |   |                              |   |   |                                  |                         |                         |                         |
|  |    |                 |  |                 |              |            |                |                          |                                       |                      |  |                                |                               |  |   |   |                              |   |   |                                  |                         |                         |                         |
|  |    |                 |  |                 |              |            |                |                          |                                       |                      |  |                                |                               |  |   |   |                              |   |   |                                  |                         |                         |                         |
|  |    |                 |  |                 |              |            |                |                          |                                       |                      |  |                                |                               |  |   |   |                              |   |   |                                  |                         |                         |                         |
|  |    |                 |  |                 |              |            |                |                          |                                       |                      |  |                                |                               |  |   |   |                              |   |   |                                  |                         |                         |                         |
|  |    |                 |  |                 |              |            |                |                          |                                       |                      |  |                                |                               |  |   |   |                              |   |   |                                  |                         |                         |                         |
|  |    |                 |  |                 |              |            |                |                          |                                       |                      |  |                                |                               |  |   |   |                              |   |   |                                  |                         |                         |                         |
|  |    |                 |  |                 |              |            |                |                          |                                       |                      |  |                                |                               |  |   |   |                              |   |   |                                  |                         |                         |                         |
| TOTALS   |    |                 |  | \$11,800,000    | \$ 1,000,000 | \$ 300,000 | \$ -           | \$ 13,100,000            |                                       |                      |  | 215                            | 193                           | 163  | N/A   |   | 0                            | 0   | N/A   | N/A                              |                         |                         |                         |
| Notes: See Attached Guidance                                       |    |                 | (1) & (2)  |                 |              |            |                |                          | (3)                                   | (4)                  |  | (5)                            | (6)                           | (7)  | (8)   | (8)   | (9)                          |   |   | (8)                              |                         |                         |                         |

# Federal Cash Transactions R-report

OMB Approval No. 0348-0003

(See Instructions on the back. If report is for more than one grant or assistance agreement, attach completed Standard Form 272-A)

## 2. Recipient Organization

Name Department of Housing and Community Development  
 Number and Street 801 North Capitol Street, N.E.  
 City, State and Zip Code Washington, D.C. 20002

1. Federal sponsoring agency and organizational element to which this report is submitted

Department of Housing and Urban Development

4. Federal grant or other identification number

S-MC-110001

5. Recipient's account number or identifying number

None

6. Letter of credit number

86-00PP231

7. Last payment voucher number

None

Give total number for this period

8. Payment vouchers credited to your account

None

9. Treasury checks received (whether or not deposited)

None

10. Period covered by this report

3. Federal Employer Identification Number

53-6001131

From (month, day, year)

10/01/2004

To (month, day, year)

12/31/2004

## 11. Status of Federal Cash

(See specific Instructions on back)

a. Cash on hand beginning of reporting period

\$ -29,658.00

b. Letter of credit withdrawals

0.00

c. Treasury check payments

0.00

d. Total receipts (Sum of lines b and c)

0.00

e. Total cash available (Sum of lines a and d)

-29,658.00

f. Gross disbursements

0

g. Federal share of program income

0.00

h. Net disbursements (Line f minus line g)

0.00

i. Adjustments of prior periods

0.00

j. Cash on hand end of period

\$ -29,658.00

12. The amount shown on Line 11j. above represents cash requirements for the ensuing days

13. Other Information

a. Interest income

\$ 0.00

b. Advances to subgrantees or subcontractors

\$ 0.00

14. Remarks (Attach additional sheets of plain paper if more space is required.)

15.

I certify to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant agreement.

Authorized Certifying Official

Signature

Typed or printed name and title

George B. Dines, Jr. Agency Fiscal Officer

Date Report Submitted

01/21/2005

Phone (Area code, number, extension)

202-442-7261

This space for agency use

# Federal Cash Transactions Report

OMB Approval No. 0348-0003

(See Instructions on the back. If report is for more than one grant or assistance agreement, attach completed Standard Form 272-A)

## 2. Recipient Organization

Name Department of Housing and Community Development  
Number and Street 801 North Capitol Street, N.E.

City, State and Zip Code Washington, DC 20002

1. Federal sponsoring agency and organizational element to which this report is submitted

Department of Housing and Urban Development

4. Federal grant or other identification number S-MC-11-0001  
5. Recipient's account number or identifying number None

6. Letter of credit number 86-00PP231  
7. Last payment voucher number None

8. Payment vouchers credited to your account None  
9. Treasury checks received (whether or not deposited) None

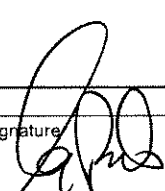
10. Period covered by this report

3. Federal Employer Identification Number 53-6001131  
From (month, day, year) 01/01/2005 To (month, day, year) 03/31/2005

|   |  |               |
|---|--|---------------|
| 11. Status of Federal Cash<br><br>(See specific Instructions on back) | a. Cash on hand beginning of reporting period  | \$ -29,658.00 |
|   | b. Letter of credit withdrawals                | 0.00          |
|   | c. Treasury check payments                     | 0.00          |
|   | d. Total receipts (Sum of lines b and c)       | 0.00          |
|   | e. Total cash available (Sum of lines a and d) | -29,658.00    |
|   | f. Gross disbursements                         | 0.00          |
|   | g. Federal share of program income             | 0.00          |
|   | h. Net disbursements (Line f minus line g)     | 0.00          |
|   | i. Adjustments of prior periods                | 0.00          |
|   | j. Cash on hand end of period                  | \$ -29,658.00 |

|   |  |         |
|---|--|---------|
| 12. The amount shown on Line 11j. above represents cash requirements for the ensuing days | 13. Other Information                        |         |
|   | a. Interest income                           | \$ 0.00 |
|   | b. Advances to subgrantees or subcontractors | \$ 0.00 |

14. Remarks (Attach additional sheets of plain paper if more space is required.)

|  |                                |  |  |
|--|--------------------------------|--|--|
| 15. Certification  |                                |  |  |
| I certify to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant agreement. | Authorized Certifying Official | Signature<br> | Date Report Submitted<br>04/11/2005                  |
|  |                                | Typed or printed name and title<br>George B. Dines, Jr. Agency Fiscal Officer                    | Phone (Area code, number, extension)<br>202-442-7261 |

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# FEDERAL CASH TRANSACTIONS REPORT

(See instructions on the back. If report is for more than one grant or assistance agreement, attach completed Standard Form 272A.)

OMB APPROVAL NO. 0348-0003

1. Federal sponsoring agency and organizational element to which this report is submitted

Department of Housing and Urban Development

## 2. RECIPIENT ORGANIZATION

Name: DC Department of Housing and Community Development

Number and Street: 801 North Capitol Street, N.E.

City, State and ZIP Code: Washington, D.C. 20002

4. Federal grant or other identification number

S-MC-110001

5. Recipient's account number or identifying number

None

6. Letter of credit number

86-00P231

7. Last payment voucher number

None

Give total number for this period

8. Payment Vouchers credited to your account

None

9. Treasury checks received (whether or not deposited)

None

## 3. FEDERAL EMPLOYER IDENTIFICATION NO.

53-6001131

10. PERIOD COVERED BY THIS REPORT

FROM (month, day, year)

04/01/2005

TO (month, day, year)

06/30/2005

## 11. STATUS OF

FEDERAL

CASH

(See specific instructions on the back)

a. Cash on hand beginning of reporting period

\$ -29,658.00

b. Letter of credit withdrawals

152,932.00

c. Treasury check payments

0.00

d. Total receipts (Sum of lines b and c)

152,932.00

e. Total cash available (Sum of lines a and d)

123,274.00

f. Gross disbursements

130,289.00

g. Federal share of program income

0.00

h. Net disbursements (Line f minus line g)

130,289.00

i. Adjustments of prior periods

0.00

j. Cash on hand end of period

\$ -7,015.00

12. THE AMOUNT SHOWN ON LINE 11j, ABOVE, REPRESENTS CASH REQUIREMENTS FOR THE ENSUING

Days

## 13. OTHER INFORMATION

a. Interest income

\$

b. Advances to subgrantees or subcontractors

\$

14. REMARKS (Attach additional sheets of plain paper, if more space is required)

## 15.

### CERTIFICATION

I certify to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant or agreement.

AUTHORIZED

CERTIFYING

OFFICIAL

SIGNATURE

TYPED OR PRINTED NAME AND TITLE

George B. Dines, Jr., Agency Fiscal Officer

DATE REPORT SUBMITTED

07/12/2005

TELEPHONE (Area Code, Number, Extension)

(202) 442-7261

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**FEDERAL CASH TRANSACTIONS REPORT**

OMB APPROVAL NO. 0348-0003

(See instructions on the back. If report is for more than one grant or assistance agreement, attach completed Standard Form 272A.)

1. Federal sponsoring agency and organizational element to which this report is submitted

Department of Housing and Urban Development

**2. RECIPIENT ORGANIZATION**

Name: Department of Housing and Community Developm

Number and Street: 801 North Capitol Street, N.E.

City, State and ZIP Code: Washington, DC 20002

4. Federal grant or other identification number

S-MC-110001

5. Recipient's account number or identifying number

NONE

6. Letter of credit number

86-00P231

7. Last payment voucher number

NONE

Give total number for this period

8. Payment Vouchers credited to your account

NONE

9. Treasury checks received (whether or not deposited)

NONE

**10. PERIOD COVERED BY THIS REPORT****3. FEDERAL EMPLOYER IDENTIFICATION NO.**

53-6001131

FROM (month, day, year)

06/01/2005

TO (month, day, year)

09/30/2005

**11. STATUS OF**

FEDERAL

CASH

(See specific instructions on the back)

a. Cash on hand beginning of reporting period

\$ -7,015.00

b. Letter of credit withdrawals

139,371.00

c. Treasury check payments

0.00

d. Total receipts (Sum of lines b and c)

139,371.00

e. Total cash available (Sum of lines a and d)

132,356.00

f. Gross disbursements

50,890.00

g. Federal share of program income

0.00

h. Net disbursements (Line f minus line g)

50,890.00

i. Adjustments of prior periods

152,808.00

j. Cash on hand end of period

\$ 234,274.00

**12. THE AMOUNT SHOWN ON LINE 11J, ABOVE, REPRESENTS CASH REQUIREMENTS FOR THE ENSUING**

Days

**13. OTHER INFORMATION**

a. Interest income

\$

b. Advances to subgrantees or subcontractors

\$

**14. REMARKS** (Attach additional sheets of plain paper, if more space is required)**15.****CERTIFICATION**

I certify to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant or agreement.

AUTHORIZED

CERTIFYING

OFFICIAL

SIGNATURE

TYPED OR PRINTED NAME AND TITLE

George B. Dines, Jr., Agency Fiscal Officer

DATE REPORT SUBMITTED

10/13/2005

TELEPHONE (Area Code, Number, Extension)

(202) 442-7261

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